Study	Category	Rec #	Recommendation
Ray Study			
	Jail Bookings		
		R-JB-1	Monroe County should collaborate with justice system and community stakeholders to identify options and alternatives for safely reducing female bookings using expanded use of citation, pre-and-post detention diversion.
		R-JB-2	Reduce the number of repeat bookings for new low level non-violent charges and probation technical violations.
		R-JB-3	The jail booking area needs to better accommodate implementation of post booking diversion and release.
		R-JB-4	Ensure adequate jail bed capacity.
		R-JB-5	Ensure jail physical environment consistently accommodates and maintains constitutional levels of inmate care and custody.
	Incarceration and Length of Stay		
		R-IL-1	Chapter nine RECOMMENDATIONs are applicable to these findings.
		R-IL-2	Consider implementing a Population Management Coordinator program. This program routinely monitors and tracks inmate lengths of stay, in collaboration with the courts, to expedite releases.
		R-IL-3	Implement case flow efficiency RECOMMENDATIONs found in Chapters related to Court case processing.
	Inmate Population & Jail Bed Capacity Utilization		
		R-IP-1	Immediate steps are required to reduce the jail population to a level that is consistently within the jail's Functional Bed Capacity.
		R-IP-2	County official should complete a study that compares the capital, maintenance, and operating costs of renovating the existing facility to new construction. A primary focus of the study should be on creating a jail that produces outcomes that are consistent with criminal justice and community needs and values.
	Facility Assessment		
		R-FA-1	Develop a strategic plan that systematically guides the timely implementation of a sustainable facility to ensure and maintain Constitutional levels of inmate care and custody and facility safety and security.

	R-FA-2	Monroe County officials should take immediate steps to study the feasibility of maintaining the current jail facility. At a minimum, this study should compare the capital, maintenance, and operational costs of an updated and repaired current facility to a much better designed facility that accommodates public safety and justice outcomes according to community needs and values.
	R-FA-3	Monroe County officials and citizens must clarify and re-envision the fundamental purposes of incarceration. Humane and Constitutional care and custody of the incarcerated should be the lens from which clarification is focused. The jail facility should be replaced with one that consistently accommodates more cost effective operations while ensuring durable provision of a Constitutional care and custody of incarcerated persons and safety to staff and the community.
Diversion		
	R-DI-1	Law enforcement practices and jail bookings should be tracked to determine if any of the changes can be continued after COVID-19 subsides.
	R-DI-1	Client intake forms should be periodically examined to numerically estimate the impact of the Stride Center on the jail.
	R-DI-3	Continue the practice. [Although the Prosecutor cannot legally refuse to prosecute marijuana offenses, the Office processes about 80% of marijuana cases through pretrial diversion.]
	R-DI-4	The County should communicate with relevant legislators about the need to expand the use of summons in lieu of arrest in the next legislative session.
	R-DI-5	The County should communicate with relevant legislators about the need to reduce the use of punitive license suspensions for infractions and criminal convictions. The penalty provisions contained in Indiana Code 9-30-16 should be simplified.
Improvement of the Pretrial Release Program (PreTR)		
	R-PT-1	The County should consider reduction or elimination of the fees [Pretrial supervision fees]
	R-PT-2	A release matrix should be developed
	R-PT-3	Unless a new jail is constructed, the use of video should continue.
	R-PT-4	The need for Pre Trial space should be considered when conducting the facility study.
	R-PT-5	The Judiciary with input of the Prosecutor, Public Defender, and Pretrial Release Program Administrator should refine the decision-making guidelines for pretrial release.
	R-PT-6	Reconfigure existing pretrial release resources to increase the number of detainees released on the weekends and holidays.

	R-PT-7	Arrestees brought into the jail PrTR screenings on weekdays and are unable to post bond have to wait to the following weekday for pretrial release screening.
Timeliness of Criminal Case Processing		
	R-TI-1	Ways of improving the timeliness of case processing are described in the next chapter.
	R-TI-2	The Court should explore how to implement a software capability to monitor elapsed time from filing to disposition using the CourTool, Time to Disposition, as demonstrated in this chapter.
	R-TI-3	The criminal court judges should use periodic analysis of timeliness as a baseline by which to gauge case processing improvements.
Improving Timeliness of Criminal Case Processing		
	R-IT-1	The Criminal Court should undertake a four-step process to analyze reasons for continuances and implement methods to control them.
	R-IT-2	The criminal court judges should undertake a process to develop a system of differentiated case management.
Other Court Issues		
	R-OC-1	Continue practices that minimize revocations without jeopardizing public safety or the effectiveness of the criminal justice system as a whole.
	R-OC-2	The prosecutor's office and the Court should evaluate admission standards for barriers and examine the various facets of decision making to identify how to expedite specialty court referrals.
	R-OC-3	The Board of Judges should adopt the strategies in Chapter Five to (1) implement a process to control continuances and (2) implement a system of differentiated case management (DCM). This action could greatly improve the coordination of case management practices in the Judiciary and in the Public Defender’s and Prosecutor’s Offices, as well.
Hill Study		
Infrastructure - Leadership, Community Support, and Coordination		
	H-IN-1	**Work with the state legislature to expand flexibility** of the corrections, I.C. 6-3.6-6-2.7, and public safety, I.C. 6-3.6-6-8, tax revenues to support reducing incarceration and implementing other recommendations of the Jail Overcrowding Task Force.

H-IN-2	**Work with the state legislature and state Medicaid and mental health agencies** to secure statewide or local authority to pursue American Rescue Plan funding through which the federal government will pay 85% of the cost of mobile crisis teams for three years. **Work with the state Medicaid and mental health agencies** to take advantage of the enhanced federal match rate for home and community-based mental health services under the American Rescue Plan, to expand capacity for case management, mental health rehabilitative, waiver, and other services.
H-IN-3	**Explore the bounds of permissible uses of tax revenues** for corrections, I.C. 6-3.6-6-2.7, and public safety, I.C. 6-3.6-6-8, to support efforts to reduce incarceration by implementing non-law-enforcement crisis interventions, using alternatives to incarceration, and improving treatment and reentry preparation in MCCC.
H-IN-4	**Engage leaders among Bloomington City, BPD, IU, and IUPD in the Criminal Justice Project efforts.**
H-IN-5	**Convene stakeholders**, including community, provider, law enforcement, university, and local government leadership in a facilitated process to establish shared goals and trust. Work to address resource concerns for stakeholders who will be responsible for carrying out priority activities (*e.g.* , shift resources to new priorities, supplement resources temporarily, seek additional resources). Stakeholders may have different perspectives on the issue of people with mental illness/SUD in jail and at risk of jail, and a shared framework should be developed.
H-IN-6	**Engage collaboratively in a Sequential Intercept Mapping process** through a SAMHSA workshop or independently with the Bazelon Center for Mental Health Law, Policy Research Associates, or another qualified facilitator. Beware allowing this process to duplicate the work of this Report by focusing on gathering data about existing resources. Focus, instead, on shared goals, stakeholder leadership and responsibility, and strategies and priorities for addressing the gaps that exist.
H-IN-7	Appointing a Coordination Leader to conduct a network analysis of the coordinating groups that exist, identify gaps, overlap, and duplication, identify more efficient means of collaboration, develop the infrastructure for the group(s), and facilitate the group(s) to develop consensus on shared structure, goals, activities, responsibilities, reporting and troubleshooting mechanisms. The Coordination Leader should have access to, and support from, local government decisionmakers and resources, as well as strong connections to community stakeholders.

H-IN-8	Combining coordination groups to focus on the targeted group and reduce the number of meetings (especially combining SUD and mental illness groups).
H-IN-9	Focusing the group(s) on systemic changes needed to achieve the overarching goals of reducing incarceration and recidivism, increasing treatment, and preventing crises from SUD and mental illness.
H-IN-10	Establishing subcommittees within groups to address specific issues (*e.g.* , housing, employment, transportation) and report back to the full group.
H-IN-11	Ensuring the right people are included and committed to attendance and participation, including relevant County, Bloomington, and IU leadership.
H-IN-12	Identifying goals, agendas, research, and other activities to be conducted, parties responsible, timelines for completion, and reporting mechanisms.
H-IN-13	**Increase education of stakeholders in courts and law enforcement** regarding the evidence base for needed solutions, including MAT and alternatives to incarceration, and regarding the budget and resource benefits of such solutions.
H-IN-14	**Engage emergency departments, psychiatric hospitals, MCCC, and local law enforcement** regarding numbers and characteristics of emergency room patients, psychiatric hospital patients, arrestees and inmates, and the community-based services that could prevent such admissions. Implement integrated data systems between criminal justice and public health providers to cross-walk data between the two systems, making it possible to identify the needs of frequent users of public health and criminal justice systems and to target services to meet those needs.115 This lack of data inhibits any effort to target needed services to frequent users of crisis and law enforcement services. These entities are justifiably concerned about revealing HIPAA-protected information unlawfully. The most effective mechanism for compliance is to seek individuals' consent to sharing their personally identifiable information with agencies they choose. Therefore, Monroe County should develop a consent form that seeks consent to share with identified agencies specific information of most use.116

Preventing Crisis - Mental Health and SUD Treatment Services

H-PR-1	Essential Services – A **Frequent Users Program (FUSE),** if data were available to identify such users (see above), would allow Monroe County to identify those most in need of the recommended service array and roll services out on a pilot basis to frequent users before extending them more broadly.
H-PR-2	SUD Treatment - Assist qualified providers to become approved for Medicaid- and/or DMHA-funded MAT and residential SUD treatment.

H-PR-3	SUD Treatment - Seek (through grants or other funding mechanisms) or provide funding for MAT, residential treatment and detox for uninsured individuals.
H-PR-4	SUD Treatment - Provide non-jail detox services to those not eligible for hospital detox, perhaps through collaboration with the STRIDE Center.
H-PR-5	Telepsychiatry - Work with the State to ensure continuation and expansion of telepsychiatry reimbursement after the pandemic, ensure telepsychiatry is reimbursed at the same rates as in-person visits, and ensure prescribing can be accomplished via telehealth.
H-PR-6	Telepsychiatry - Work with Centerstone to seek or provide funding for equipment and secure software for video psychiatry and street psychiatry services to make psychiatry services accessible for patient where they live and when they are available, ease overhead burdens on psychiatrists, and reach people who are unhoused.
H-PR-7	ACT Services - Evaluate the Centerstone ACT team to ensure it is serving everyone who would benefit (the .06% of adult population figure is based on cost-effectiveness of ACT versus hospitalization, not on everyone who would benefit from ACT). Consider expanding ACT to those with fewer hospitalizations (especially if they also have incarceration(s)) as appropriate.
H-PR-8	ACT Services - Because of the importance of employment to recovery, support increased capacity of the ACT team to provide supported employment services in community employment.
H-PR-9	ACT Services - Work with Centerstone to develop a Forensic ACT Team to serve individuals with mental illness and history of incarceration.
H-PR-10	**Peer Support Services** – Provide training toward any necessary certifications for Peer Support Specialists with lived experience of mental illness, SUD, and incarceration. Hire qualified Peer Support Specialists to provide services at all intercept points, including crisis diversion, jail programming, court diversion, reentry, and community-based services. There are a few peer-run organizations among Monroe County's recovery community organizations who can assist in identifying existing peer support services.
H-PR-11	Peer Support Services - Identify desired practice standards and core competencies, and develop training, certification, and continuing education opportunities, and job qualifications;
H-PR-12	Peer Support Services - Provide training, certification, and continuing education opportunities at low or no cost;
H-PR-13	Peer Support Services - Prioritize lived experience, including experience in incarceration, and address how to overcome hiring barriers based on criminal background checks;

H-PR-14	Peer Support Services - Ensure compensation and reimbursement rates for peer staff are adequate and reflects the value of their contribution.
H-PR-15	**Scattered Site Permanent Supportive Housing (PSH)**134 – Estimated need for permanent supportive housing is approximately an additional 50–100 scattered-site units, including units for reentering citizens and homeless individuals with mental illness and/or SUD. Supportive housing treatment services are reimbursable by Medicaid, but room and board supports must be covered through separate funding. Monroe County's high market rents make providing scattered-site permanent supportive housing challenging
H-PR-16	Scattered Site PSH: Partner with housing developers, the Housing Authority, and community service providers to set aside a percentage of new and existing housing to be designated as scattered-site PSH. Indianapolis launched an Integrated Supportive Housing Initiative in 2017 to create approximately 500 rental units, 25% of which would be designated as PSH. Use low-income housing tax credits, community-based development organization funds, and bonds to assist with financing and Section 8 housing vouchers to subsidize rent payments
H-PR-17	Scattered Site PSH: Lease or sell County-owned property to developers at reduced cost on the condition that it provide a mix of affordable and PSH housing.
H-PR-18	Scattered Site PSH: Explore purchasing scattered-site condominium units or houses to lease as PSH to low-income residents.
H-PR-19	Scattered Site PSH: Encourage landlords to rent to residents participating in PSH (and relax their screening criteria regarding credit, past evictions, and criminal justice involvement) by: educating landlords, connecting landlords with service provider teams, create a Risk Reduction Fund for PSH, loaning PSH participants security deposits, or paying for security deposit isnurance, subsidizing rent for scattered-site PSH using state and/or County funds
H-PR-20	Supported Employment: Working with community-based employment services providers serving those with mental illness/SUD, those who are homeless, and those returning after incarceration (e.g., MUM ABC Kickstart program and HIRE), develop a robust supported employment program for the target population, without relying on facility-based or provider-based employment. Fully utilize all available reimbursement systems for services for those eligible and identify any needed unreimbursed services or ineligible members of the target populations and identify funds to cover those services and target groups.
H-PR-21	Supported Employment: Appoint or fund centralized staff responsible for developing and supporting supported employment services, including educating employers

H-PR-22	Supported Employment: Work with Vocational Rehabilitation and supported employment providers to engage employers to hire individuals participating in supported employment services., work with employer engagement programs, explore employer incentives, such as subsidized paid apprenticeships or internships guaranteeing successful apprentices/interns will retain permanent employment, providing insurance against problems/absences, and County procurement preferences for employers who participate in supported employment programs.
H-PR-23	Psychiatry: Work with the state to increase Medicaid rates for psychiatry services.
H-PR-24	Psychiatry: In the meantime, subsidize Medicaid rates and provide other supports to psychiatrists.
H-PR-25	Psychiatry: Work with IU School of Medicine to explore offering a psychiatry residency program at IU Bloomington. Currently IU psychiatry residencies are offered only in Indianapolis. Such residency programs could include a public service component and/or scholarships that require or incentivize remaining in Monroe County and serving uninsured and Medicaid-eligible communities.
H-PR-26	Psychiatry: Explore paid community service fellowships, full- or part-time, for qualified psychiatrists willing to serve uninsured and Medicaid-eligible Monroe County residents.
H-PR-27	Psychiatry: Psychiatry practice for people with high needs who miss appointments is frustrating to providers, who already struggle with low reimbursement rates and have higher-paying private practice options. Consider combatting these frustrations by subsidizing reminders and transportation for clients (particularly those leaving incarceration and those at high risk of incarceration) and/or guaranteeing payment for missed appointments for high-risk individuals.
H-PR-28	Subsidize nonemergency medical transportation: Subsidize on-demand (e.g., Uber/Lyft) or volunteer transportation for targeted individuals employed in shift work or weekend work or at sites not on public transportation routes, as well as for court appearances, supervision, etc. Both Uber (Uber Central and Uber Health) and Lyft offer the option of an entity (business or health care) creating a restricted account for the use of employees/patients/customers that is direct-billed to the entity.147 These entities have also partnered with insurance companies and governments.
H-PR-29	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps: Fund monthly Medicaid contributions and copays to prevent targeted individuals from being disenrolled and locked out for 6 months

	H-PR-30	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps : When targeted individuals are disenrolled and locked out, subsidize continued treatment.
	H-PR-31	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps: If/when the state eliminates retroactive Medicaid coverage, subsidize providers for part of what Medicaid would have paid for that period for targeted individuals, particularly if it affects services needed during the 60-day wait period for HIP Basic.
	H-PR-32	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps: Partner with IU to ensure students have coverage for mental health and SUD treatment (through IU insurance, campus mental health providers, and/or partnerships with community providers).
	H-PR-33	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps: Educate mixed-immigration-status families about their eligibility for Medicaid and about clinical programs that serve undocumented immigrants.
	H-PR-34	Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps: Prepare for implementation of the Medicaid employment requirement by implementing a robust employment services program, including employer engagement, to prevent individuals from losing Medicaid coverage
	H-PR-35	Address Structural Barriers to Treatment: Explore expanded late-night and weekend access to public transportation (for shift work and avoiding intoxicated driving). Smaller buses are an option for this.
	H-PR-36	Address Structural Barriers to Treatment: Explore alternative transportation programs for people who are intoxicated to call on demand (especially Friday/Saturday night)
	H-PR-37	Address Structural Barriers to Treatment: Limited affordable housing not only makes it more difficult to succeed in reentry or treatment after a crisis but contributes to crises, homelessness, and incarceration. Expand on the landlord engagement programs discussed above to increase affordable housing.
Intercept 0 - Community Crisis Services		
	H-I0-1	Work with Centerstone to enhance the crisis telephone line and increase community knowledge of the line and the services it can access.
	H-I0-2	Work with Centerstone and the IU School or Social Work to **offer mobile crisis services** and increase community knowledge of the availability of, and eligibility for, the services. Social work students at IU are in need of practical experience and could support and learn from licensed providers in this practice. Particularly since the COVID-19 pandemic, video-based mental health services are more and more an option, which could supplement and improve the reach of non-law-enforcement mobile crisis services.

H-I0-3	**Train 911 dispatchers** about the crisis telephone line and mobile crisis services for response to non-criminal and non-dangerous service calls and train them to ask about mental illness and SUD history before making dispatch decisions. Train and require 911 dispatchers and law enforcement to call mobile crisis services in appropriate cases. **Facilitate direct connection** from 911 to crisis line so callers do not have to re-dial and law-enforcement dispatch as back-up when 911 refers to mobile crisis services.
H-I0-4	Work with SUD service providers, medical detox providers, and Indiana Medicaid, DMHA, and insurance providers to **establish Medicaid, insurance, and other funding for a detox service** to manage their civil rights and community integration. Therefore, **detox services should be offered in a variety of settings**, including all five levels of Adult Detoxification levels of care (outpatient without extended onsite monitoring, outpatient with extended onsite monitoring, clinically managed residential, medically managed inpatient, and medically managed intensive inpatient). minimize the physical harm of detoxification, acute intoxication, and withdrawal symptoms, and that includes evaluation, stabilization, and facilitating readiness for, and entry into, treatment.154 Detox should include SUD counseling and other non-medical services, should be evaluated, in part, by how successfully it prepares people for, and encourages them to enter, treatment, and should be bundled, for payment purposes, with SUD treatment when appropriate.155 The detox service should offer warm, direct hand-offs to a range of SUD and mental health treatment and wrap-around services, but not require the patient to commit to becoming an ongoing client of the detox provider.156 While some facility- or hospital-based detox may be necessary for individuals with complex medical needs or those who are homeless, services need to be provided in the settings that least interfere with their civil rights and community integration. Therefore, detox services should be offered in a variety of settings, including all five levels of Adult Detoxification levels of care (outpatient without extended onsite monitoring, outpatient with extended onsite monitoring, clinically managed residential, medically managed inpatient, and medically managed intensive inpatient).

H-I0-5	**Implement an Overdose Rapid Response Team**, through a partnership among law enforcement, emergency responders, and treatment providers to follow up with individuals experiencing overdose quickly and facilitate entry into treatment, rather than criminal justice engagement. While law enforcement will be involved, to maintain the option of criminal involvement and allow investigation of crimes related to the overdose, the goal of the Team should be to help the individual access treatment quickly at a crucial time when they may be particularly ready to seek it. This will require agreements among the agencies to share information as appropriate and permitted by law, to train personnel, and to make team members available in a timely manner.
H-I0-6	**Expand emergency housing options.** Support the availability (through providing space and/or funding) of increased emergency shelter options for those who need low-barrier shelter but cannot access the Wheeler Mission because of its religious principles (e.g., non-Christian individuals and LGBTQ+ individuals).
H-I0-7	**Improve sharing of up-to-date information among providers** about what's available, where, and to whom, and facilitate rapid direct warm referrals to reduce bureaucratic hurdles. In addition, improve data-sharing regarding clients served by multiple agencies to allow providers to identify overlap, inconsistency, and gaps without relying on repeated self-reporting by clients. Other more customizable tools are available, such as
H-I0-8	In addition to increasing law enforcement's use of the STRIDE Center (see below), it is important to **expand availability of STRIDE Center services** to individuals referred by local hospital emergency departments and psychiatric units, detox providers, homeless shelters, and other providers who encounter crises. Such expansion was not planned to take place until after the first year after opening, but the STRIDE Center is a key resource for responding to crises and should be used to its fullest. The STRIDE Center is already reaching out to hospitals to educate them about the services the Center offers. Secure the STRIDE Center's long-term stability beyond the initial three-year funding period. Working with Medicaid managed care organizations, insurance providers, and DMHA to make STRIDE services a billable service may be an option for sustainable funding. In addition, cost savings to the County from getting people to treatment services (paid for by insurance and the state and federal governments) instead of incarceration (paid for by the County General Fund) may justify increased County funding of the STRIDE Center.

	H-I0-9	**Support opening of 24/7 walk-in crisis centers in locations beyond Centerstone's main office** that do not require law enforcement or hospital referral. Monroe needs crisis walk-in centers where individuals or their families can seek crisis services without the fear of incarceration or hospitalization outside of normal business hours.
Intercept 1 - Law Enforcement		
	H-I1-1	**Train IUPD on STRIDE** and encourage IUPD leadership to use it (as well as its own code of conduct for student-involved incidents) in all appropriate cases. Make clear the wide range of appropriate cases for which STRIDE is an appropriate alternative, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others in which arrest and booking is also an available option. Consider entering into or updating an MOU with IUPD regarding County expectations that IUPD will explore alternatives to incarceration prior to bringing people to MCCC.
	H-I1-2	**Train Monroe County Sheriff's Officers on STRIDE** and require its use in all appropriate cases, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others when arrest and booking is also an available option.
	H-I1-3	**Increase BPD use of STRIDE** by emphasizing the broad range of calls for which STRIDE Center is an appropriate alternative, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others in which arrest and booking is also an available option.
	H-I1-4	**Expand diversion techniques** used for the Little 500 to other events and types of offenses. Reduce the fees charged to alleged offenders for participation in the diversion program.
	H-I1-5	**Implement DRO cross-training of Sheriff's officers and IUPD** officers (as well as BPD officers) on the skills, resources, and activities of BPD DROs and its social worker. Provide mechanisms (such as DRO and social worker contact information) for other officers to seek recommendations from DROs when encountering individuals who can be assisted to avoid incarceration.
	H-I1-6	**Provide 40-hour CIT training** to Sheriff's officers and IUPD officers (and BPD officers if not already trained) sufficient to ensure CIT officers are available to meet the need 24/7 for all shifts and geographic areas.158 In addition, provide Mental Health First Aid training to all Sheriff's officers and IUPD officers.

	H-I1-7	**Train 911 dispatchers in CIT and Mental Health First Aid** and to recognize service calls that may be appropriate for non-law-enforcement response or responses in which mobile crisis or other treatment provider is primary responder and law enforcement is backup. Again, because this is a combined dispatch center, Monroe County should insist this training becomes a priority.
Intercept 2 - Initial Detention / Initial Court Hearings		
	H-I2-1	**Adopt validated screening tools**, such as the Brief Jail Mental Health Screen and Texas Christian University Drug Screen-V.166 When these tools identify mental health, SUD, or co-occurring disorders, follow up with timely comprehensive assessment and diagnosis by mental health professionals. When screening reveals prior mental health or SUD treatment, MCCC should have processes to timely seek a release from the inmate and request records from prior providers. **Utilize the results of the screening tools to track** numbers, criminal offenses, diagnoses, treatment, and outcomes for these populations in order to inform decisions about staffing and programming capacity, gaps within MCCC and in the community, and successful interventions.
	H-I2-2	**Increase the number and hours of qualified mental health staff** at MCCC to ensure adequate coverage on weekends and nights and to ensure staffing is adequate to make timely assessments, diagnoses, and treatment plans. APA recommended ratios would suggest, conservatively, 2.5–3.5 FTE mental health professionals are needed for MCCC's population. Explore using video consultations to allow psychiatrists and other treatment professionals more flexibility to consult with patients in a timely and regular manner. **Speed up diagnosis, prescription fulfillment, and referral to problem solving courts, as well as assignment to K block or the mental health unit** for those believed to be eligible (see below).
	H-I2-3	Adopt a veteran-specific program in jail, including a veteran housing pod and peer-to-peer services, which would support and complement the County's Veterans' Court.
Intercept 3 - Jails/Courts		
	H-I3-1	It is essential to use MCCC as a mechanism for diverting individuals to other services as quickly as possible. MCCC should **speed up diagnosis, prescription fulfillment, and referral to diversion and problem-solving courts, as well as assignment to K block or the mental health unit** for those believed to be eligible. Speed up admissions to inpatient treatment for those deemed incompetent, and, when individuals are restored to competency, ensure their court date is soon after their return to jail.

H-I3-2	Ensure the Mental Health Review Team, together with defense attorneys, has early access to individuals in MCCC and the resources to make timely decisions about diversion and to provide access to community-based treatment and services for individuals identified as eligible for diversion.
H-I3-3	Indiana law requires participants in problem-solving courts to plead guilty to the offenses with which they are charged. Particularly for mental health courts, this is not a best practice, as it requires the individual to give up their constitutional right to a trial in which their mental health – the very reason they are eligible for the court – may be a defense.178 This requirement is likely a disincentive to eligible individuals participating and to their attorneys recommending participation, This requirement is likely a disincentive to eligible individuals participating and to their attorneys recommending participation, as well as making it more difficult for them to achieve housing and employment, both of which are required for problem-solving court graduation. Work with the Indiana legislature to implement flexibility for the Mental Health and Drug Courts to accept individuals into the program without an up-front guilty plea.
H-I3-4	Indiana law also requires drug testing to participate in the problem-solving courts. However, the law does not specify the frequency of drug testing or require problem-solving courts to charge participants for drug testing. Nor does Indiana law require the assessment of a participation fee. Given the cost savings of community-based treatment versus incarceration and recidivism, Monroe County should share the goal of participation, success, and graduation with participants. We agree with the IU evaluators of the Drug Court in 2019 that frequent random drug testing is likely most effective in the early phases of the program and less necessary as the program progresses. We would propose focusing drug testing in the first few weeks after release and not assessing fees for drug tests that are negative. As the participant progresses, drug tests can be less frequent and, again, without cost when tests negative. At the end of a successful program, therefore, a participant could graduate without debt to the County. Similarly, participation fees should be eliminated or restructured to avoid disincentivizing participation. If any participation fees are charged, they should be charged only upon a violation of the Drug/Mental Health Court agreement, thus disincentivizing violations, rather than participation.

H-I3-5

While participants in Drug Court found their interactions with program staff and judges very helpful, the frequency and timing of those requirements interfere with a central requirement of the program – employment. The need to comply with drug testing, court appearances, and supervision visits makes it even more difficult for participants to obtain meaningful employment (which is already limited by mental illness/SUD diagnosis, criminal record, and treatment needs). While the Drug Court endeavors to hold court hearings in the early morning, the Mental Health Court is currently scheduled in the middle of a weekday. Monroe County should **explore evening hours for Mental Health Court and evening and weekend hours for regular supervision meetings and even drug testing**.

H-I3-6

While the best way to prevent individuals with mental illness and SUD from receiving inadequate care while incarcerated is to prevent and divert from incarceration as early and as often as possible, to the extent that is not accomplished immediately, Monroe County should increase mental health staffing at MCCC to ensure adequate coverage on weekends and nights and to ensure staffing is adequate to make timely assessments, diagnoses, and treatment plans. APA recommended ratios would suggest, conservatively, 2.5–3.5 FTE mental health professionals are needed for MCCC's population. Explore using video consultations to allow psychiatrists and other treatment professionals more flexibility to consult with patients in a timely and regular manner. When screening identifies mental health, SUD, or co-occurring disorders, follow up with timely comprehensive assessment and diagnosis by mental health professionals. Use screening data and medical records to evaluate outcomes and engage in continuous quality improvement.

H-I3-7

Again, jail is never going to be an effective mental health treatment provider and should not be relied upon as such. However, to the extent individuals with mental illness remain at MCCC, Monroe County should **expand the K block and create a mental health unit** (and/or behavior management unit)[179] to protect inmates with mental illness/SUD from potential predators and provide them greater structure and programming to prepare them for early diversion and problem-solving courts, as well as to allow professional staff to provide better treatment interventions and oversight to prevent abuse. Mental health unit beds, along with substantial treatment and programming, should be available for every inmate with a serious mental illness.

	H-I3-8	**Increase mental health and SUD programming** and treatment options at MCCC. The current New Beginnings program at MCCC is effective but is available to far too few inmates to meet the need. As a result, many inmates who could benefit from its therapeutic programming, Vivitrol treatment, and coordination with Centerstone are not able to participate.
	H-I3-9	**Stop the use of segregation/solitary confinement for inmates with mental illness** and focus on providing therapeutic interventions, preventing crises, and facilitating diversion to treatment. Unless and until adequate mental health staffing and programming are provided in MCCC, segregation of inmates with known mental illnesses should be strictly avoided. Screening of inmates should be conducted before putting them in segregation to identify any indications of serious mental illness that would contraindicate segregation. In addition, mental health staff should be consulted before placement of any inmate that might have mental illness in segregation. When an inmate is in segregation, mental health professionals should regularly screen for new or exacerbated mental health symptoms.
	H-I3-10	To encourage inmates with mental illness/SUD to access treatment, **waive or subsidize mental health/SUD treatments and medications**. While co-pays may seem a small inconvenience, if, as is reported, they are inhibiting individuals with mental illness/SUD from seeking treatment, they should be reduced or eliminated. The jail has an important role to play in getting inmates with these illnesses stabilized, connected to community treatment, and able to avoid recidivism. It cannot do so effectively if people with mental illness/SUD face barriers to participation. In addition, inmates foregoing treatment because of financial concerns likely increases crises in jail, leading to greater security needs.
	H-I3-11	MCCC should **screen all inmates for Medicaid eligibility soon after booking and begin the Medicaid enrollment process as early as possible (shortly after booking or at least 120 days before release)**, recognizing the 45–90 day processing time for the state and the need to gather the necessary documents to complete the application. If additional benefits navigators are needed, this is a worthwhile investment to improve treatment compliance upon reentry and reduce recidivism.
Intercept 4 - Reentry		

H-I4-1	Recognizing that virtually every inmate will leave the jail and reenter the community, the Council of State Governments ("CSG") Justice Center recommends that transition planning begin at the same time as treatment planning for individuals with mental illness/SUD.183 CSG recommends jails develop collaborative responses between behavioral health and criminal justice systems and arrange for appropriate interventions to be available immediately upon release. **MCCC should include reentry planning, case management, and reentry programming in its treatment plans for inmates with mental illness/SUD and engage community service providers in both in-jail treatment and transition planning**
H-I4-2	Warm hand-offs to, and coordination with, treatment and services providers upon reentry are essential to avoid gaps in care that lead to relapse and recidivism for individuals with mental illness and/or SUD.185 **Monroe County should invest in case management at the jail to work with jail and community treatment providers, with supervision providers, and with inmates preparing for reentry** to 1) assess each individual's needs upon reentry, 2) identify appropriate treatment and service providers, 3) introduce individuals to those treatment providers and establish eligibility and other requirements for services upon reentry, and 4) share jail assessment and treatment information with community treatment providers to ensure smooth transition.186 A method of doing this is via the Assess, Plan, Identify, and Coordinate ("APIC") Model,187 which calls for jails to conduct transition planning that addresses short- and long-term needs (*e.g.* , family, housing, treatment, services, income, and transportation), identify and contract with specific community providers that can meet those needs, provide a complete discharge summary to community providers upon release, and provide case management to facilitate transition and avoid gaps in care (including in-reach by community providers, introductions of inmates to service providers prior to release, and tracking of missed appointments after release).
H-I4-3	**Engage and support families** and peers in preparing for inmates' reentry, including by offering training on coping mechanisms and supporting inmates to prevent relapse and recidivism.
H-I4-4	Housing stability is instrumental in helping released individuals achieve positive outcomes, such as maintaining employment and avoiding future incarceration.189
H-I4-5	As discussed below, Monroe County needs additional **supported employment services** for people with mental illness/SUD, some of which should be dedicated to returning citizens.

H-I4-6 **Implement a Forensic Assertive Community Treatment team.** While we did not receive data on the numbers of people with severe mental illness in MCCC or the **number of those incarcerated more than twice in a year, a rule of thumb is that FACT services should be sufficient to serve approximately .05% of a community's adult population.191 Applied to Monroe County, that would call for at least one FACT team able to serve approximately 63 people.**